

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: Malz et al.

Examiner: J.D. Anthony

Serial No.: 10/054,275

Group: Art Unit 1714

Filing Date: October 22, 2001

Docket: 142-97 DIV

For: LIQUID ANTIOZONANTS AND RUBBER
COMPOSITIONS CONTAINING SAME

Dated: July 28, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.

☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	13	13	0	x 9 =	\$0	x 18 =	\$0
INDEPENDENT CLAIMS	1	3	0	x 42 =	\$0	x 84 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				140		280	\$0

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 28, 2003.

Dated: July 28, 2003

Bridget Griffin

- ☐ Please charge Deposit Account No. 04-1121 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,

Michael E. Carmen

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AMENDMENT

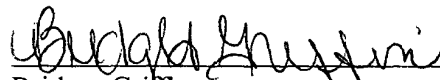
Sir:

In response to the Office Action of March 26, 2003 in connection with the above-referenced patent application, please amend the subject application as follows:

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